

# Index of Claims



Application/Control No.

10/784,134

Examiner

Cynthia Britt

Applicant(s)/Patent under  
Reexamination

FRANKOWSKY, GERD

Art Unit

2117

|   |          |
|---|----------|
| ✓ | Rejected |
| = | Allowed  |

|   |                                |
|---|--------------------------------|
| — | (Through numeral)<br>Cancelled |
| ÷ | Restricted                     |

|   |              |
|---|--------------|
| N | Non-Elected  |
| I | Interference |

|   |          |
|---|----------|
| A | Appeal   |
| O | Objected |

| Claim |          | Date    |  |  |  |  |  |  |
|-------|----------|---------|--|--|--|--|--|--|
| Final | Original | 12/7/07 |  |  |  |  |  |  |
|       | 1        | ✓       |  |  |  |  |  |  |
|       | 2        |         |  |  |  |  |  |  |
|       | 3        |         |  |  |  |  |  |  |
|       | 4        | ✓       |  |  |  |  |  |  |
|       | 5        |         |  |  |  |  |  |  |
|       | 6        | ✓       |  |  |  |  |  |  |
|       | 7        | ✓       |  |  |  |  |  |  |
|       | 8        | ✓       |  |  |  |  |  |  |
|       | 9        |         |  |  |  |  |  |  |
|       | 10       | ✓       |  |  |  |  |  |  |
|       | 11       | ✓       |  |  |  |  |  |  |
|       | 12       | ✓       |  |  |  |  |  |  |
|       | 13       |         |  |  |  |  |  |  |
|       | 14       | ✓       |  |  |  |  |  |  |
|       | 15       | ✓       |  |  |  |  |  |  |
|       | 16       | ✓       |  |  |  |  |  |  |
|       | 17       | ✓       |  |  |  |  |  |  |
|       | 18       | ✓       |  |  |  |  |  |  |
|       | 19       | ✓       |  |  |  |  |  |  |
|       | 20       | ✓       |  |  |  |  |  |  |
|       | 21       | ✓       |  |  |  |  |  |  |
|       | 22       | ✓       |  |  |  |  |  |  |
|       | 23       | ✓       |  |  |  |  |  |  |
|       | 24       | ✓       |  |  |  |  |  |  |
|       | 25       | ✓       |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |
|       | 51       |      |  |  |  |  |  |  |
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| Claim |          | Date |  |  |  |  |  |  |
|-------|----------|------|--|--|--|--|--|--|
| Final | Original |      |  |  |  |  |  |  |
|       | 101      |      |  |  |  |  |  |  |
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|       | 107      |      |  |  |  |  |  |  |
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|       | 111      |      |  |  |  |  |  |  |
|       | 112      |      |  |  |  |  |  |  |
|       | 113      |      |  |  |  |  |  |  |
|       | 114      |      |  |  |  |  |  |  |
|       | 115      |      |  |  |  |  |  |  |
|       | 116      |      |  |  |  |  |  |  |
|       | 117      |      |  |  |  |  |  |  |
|       | 118      |      |  |  |  |  |  |  |
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|       | 120      |      |  |  |  |  |  |  |
|       | 121      |      |  |  |  |  |  |  |
|       | 122      |      |  |  |  |  |  |  |
|       | 123      |      |  |  |  |  |  |  |
|       | 124      |      |  |  |  |  |  |  |
|       | 125      |      |  |  |  |  |  |  |
|       | 126      |      |  |  |  |  |  |  |
|       | 127      |      |  |  |  |  |  |  |
|       | 128      |      |  |  |  |  |  |  |
|       | 129      |      |  |  |  |  |  |  |
|       | 130      |      |  |  |  |  |  |  |
|       | 131      |      |  |  |  |  |  |  |
|       | 132      |      |  |  |  |  |  |  |
|       | 133      |      |  |  |  |  |  |  |
|       | 134      |      |  |  |  |  |  |  |
|       | 135      |      |  |  |  |  |  |  |
|       | 136      |      |  |  |  |  |  |  |
|       | 137      |      |  |  |  |  |  |  |
|       | 138      |      |  |  |  |  |  |  |
|       | 139      |      |  |  |  |  |  |  |
|       | 140      |      |  |  |  |  |  |  |
|       | 141      |      |  |  |  |  |  |  |
|       | 142      |      |  |  |  |  |  |  |
|       | 143      |      |  |  |  |  |  |  |
|       | 144      |      |  |  |  |  |  |  |
|       | 145      |      |  |  |  |  |  |  |
|       | 146      |      |  |  |  |  |  |  |
|       | 147      |      |  |  |  |  |  |  |
|       | 148      |      |  |  |  |  |  |  |
|       | 149      |      |  |  |  |  |  |  |
|       | 150      |      |  |  |  |  |  |  |